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FAX COVER SHEET

TO	Mail Stop PETITION
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2005-03-22 21:16:31 GMT
RE	Application No. 10/604,946 - Request for Correction to Inventorship - Our 07589.0108.NPUS00

COVER MESSAGE

Please enter our attached papers in the above captioned case (8 pages total).

- NOVAK DRUCE & QUIGG, LLP

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/604,946
	Filing Date	08/28/2003
	First Named Inventor	WOLFE
	Art Unit	3747
	Examiner Name	WOLFE
	Attorney Docket Number	07589.0108.NPUS00

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request To Correct Inventorship and Statement from Each Inventor; and
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> SUBSTITUTE Declaration/Power of Attorney.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

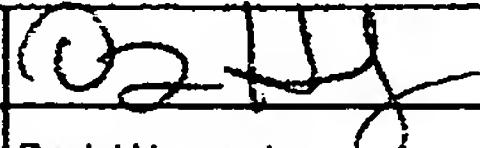
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NOVAK DRUCE & QUIGG, LLP		
Signature			
Printed name	Tracy W. Druce		
Date	03/22/2005	Reg. No.	35,493

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Daniel Hernandez

Date 03/22/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

Complete if Known

Application Number	10/604,946
Filing Date	08/28/2003
First Named Inventor	BERTILSSON
Examiner Name	WOLFE
Art Unit	3747
Attorney Docket No.	07589.0108.NPUS00

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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PATENT APPLICATION
Attorney Docket No.: 07589.0108.NPUS00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: BERTILSSON, Bert-Inge *et al.*
SERIAL NO.: 10/604,946 GROUP ART UNIT: Unknown
FILED: 08/28/2003 EXAMINER: Not Assigned
TITLE: PULSE REFLECTING METHOD AND ARRANGEMENT IN AN
EXHAUST GAS RECIRCULATION SYSTEM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST TO CORRECT INVENTORSHIP and STATEMENT
FROM EACH INVENTOR

Dear Sir or Madam:

Applicants hereby request to correct inventorship in the above-captioned patent application where the inventorship was improperly set forth. In support of this Request a Statement of each Inventor is included hereinbelow.

As a named inventor, I, Bert-Inge BERTILSSON, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent by the exclusion of Annika CARLSSON. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I, Ivar SAHLÉN, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent by the exclusion of Annika CARLSSON. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that

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these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

As the excluded inventor, I, Annika CARLSSON, hereby declare that the inventorship of United States Patent Application No. 10/604,946 filed 28 August 2003 was improperly set forth without deceptive intent. I believe I am an original and joint inventor of the subject matter claimed in the above-captioned Patent Application. Further, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Bert-Inge BERTILSSON
Inventor's signature Bert-Inge Bertilsson Date 2004-10-21

Residence Floda, SWEDEN
Citizenship SWEDEN
Post Office Address Nya Nordåsvägen 74, S-448 31 Floda, SWEDEN

Full name of second inventor Ivar SAHLÉN
Inventor's signature Ivar Sahlén Date 2004-10-21

Residence Öckerö, SWEDEN
Citizenship SWEDEN
Post Office Address Grotto Norra 5, S-430 90 Öckerö, SWEDEN

Full name of third inventor Annika CARLSSON
Inventor's signature Annika Carlsson Date 2004-10-21

Residence Kungälv, SWEDEN
Citizenship SWEDEN
Post Office Address Rexegatan 3, SE-442 32 Kungälv, SWEDEN